

Thrombosis and Haemostasis

Author Instructions

Thank you for contributing to *Thrombosis and Haemostasis*. Please read the instructions carefully and observe all the directions given. Failure to do so may result in unnecessary delays in publishing your article.

SUBMISSION CHECKLIST

All manuscripts must be submitted at the following link:

<https://mc.manuscriptcentral.com/th>

- ☐ **AUTHOR INFORMATION**
 - All authors: full name, department, affiliation
 - Corresponding author: full name, degrees, department, affiliation, mailing address, telephone and fax number, e-mail address
- ☐ **MANUSCRIPT FILE**
 - Must be digital - hard copy submissions are not accepted
- ☐ **ABSTRACT AND KEYWORDS**
 - See the section Article Types for word limit
- ☐ **REFERENCES**
 - Cited sequentially in AMA style
- ☐ **FIGURES AND TABLES**
 - Cited sequentially in the main document, must be saved separately from the main document
- ☐ **ART FILES**
 - Must be saved separately from the main document
- ☐ **PERMISSIONS**
 - Required if you plan to reproduce content from a published source or include a photograph of a patient
 - Patient permission forms available at www.thieme.com/journal-authors

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MANUSCRIPT FORMAT

Article Types

The following graph shows what types of articles are accepted for publication, and what requirement they may have.

Article Type	Abstract Limit	Keywords Limit	Title Limit	Tables/Figures Limit	References Limit
Original Article (up to 5,000 words)	Up to 250 words	Up to 5 keywords	150 characters	No limit, but online-only suppl. material is encouraged	Up to 50 references
Trial Protocol Design Paper	Up to 250 words	Up to 5 keywords	150 characters	No limit, but online-only suppl. material is encouraged	Up to 50 references
Editorials (up to 500 words)	N/A	N/A	150 characters	No limit, but online-only suppl. material is encouraged	Up to 25 references
Invited Pro Article	Up to 250 words	Up to 5 keywords	150 characters	No limit, but online-only suppl. material is encouraged	Up to 25 references
Invited Contra Article	Up to 250 words	Up to 5 keywords	150 characters	No limit, but online-only suppl. material is encouraged	Up to 25 references
Review Article	Up to 250 words	Up to 5 keywords	150 characters	No limit, but online-only suppl. material is encouraged	Up to 150 references
Letters to the Editor (up to 1,000 words)	N/A	N/A	150 characters	Up to 1 tables/figures	Up to 25 references
T&H Images (up to 400 words)	Up to 250 words	Up to 5 keywords	Up to 25 words	Up to 2 figures with maximum of 8 panels	Up to 5 references

- **Original Article:** Upon submission of manuscripts, authors should indicate which of the following categories comes closest to the contents of their basic, translational or clinical study: Coagulation and Fibrinolysis/ Platelets, Cellular Haemostasis and Signalling/ Blood Cells, Endothelium, Inflammation and Infection/ New Technologies, Diagnostic Tools and Drugs/ Stroke, Systemic or Venous Thromboembolism/ Atherosclerosis and Ischaemic Disease. Regular articles may not exceed 5,000 words (ca. 35,000 characters), excluding tables, figure legends and references. The Editors-in-Chief may request reductions in manuscript length if it is considered too long for its message. However, manuscripts exceeding this limit may be considered if they are of exceptional quality. Original articles should have no more than 50 references. Supplementary material may be submitted for online only publication.
- **Trial Protocol Design Paper:** These articles must include a comprehensive review of the published literature [which should be summarised in succinct table(s)], and good justification on basis of prior evidence on the need for the new trial. The trial also requires a clinical trials registration number (see www.clinicaltrials.gov).
- **Editorials:** Editorials include commentaries on upcoming articles in the Journal (invited or from the Editor-in-Chief). Articles are brief overviews of approx. 500 words that undergo a short review process.

- **Invited 'Pro' and 'Contra' articles:** Perspectives and new developments (e.g. in basic research or certain therapies) as well as articles on selected topics and should be limited to three printed pages in the Journal. These contributions undergo a short review process.
- **Review Article:** The aim of invited and submitted reviews is to survey recent developments in the field on topics in basic research and clinical studies in vascular biology and medicine. Review articles may be solicited by the Editor-in-Chief, but individual suggestions are also welcome. Authors should contact the Editorial Office before submitting a Review article. Review articles should have no more than 150 references.
- **Letters to the Editor:** Letters include short highlights of basic or clinical research in vascular biology and medicine that are significant enough for dissemination in Thrombosis and Haemostasis; they also include Case Reports that are unusual or truly unique case reports that would advance our understanding of the field. Letters should not exceed 1,000 words (ca. 7,000 characters). They should include up to 1 figure or 1 table, no supplemental data and no abstract. and they undergo the usual review process.
- **T&H Images:** This category includes images in both basic and/or clinical science that represent a unique observation or a first detection of a novel mechanism. Any imaging modality may be used but of course state-of-the-art methodology is preferential. Submit one or two images with a maximum of 8 panels in total. Please refer to Digital Artwork Preparation section. It is encouraged to upload videos for online linkage to the figures. The text should be as short as possible, focusing on the image rather than on methodology and should be no longer than 300-400 words maximum; excluding title (max. 100 characters), author (max. 8) and affiliations list, reference list (max. 5) and funding resources, but including figure legend(s). Figure legends must be self-explanatory. Note: image processing is only allowed when essential for the methodology and not just for improvement of the overall appearance of the image. When applied, all image processing steps must be declared in the manuscript. Only add references when really required for correct interpretation of the shown data in the manuscript.

General Guidelines

- You must submit a digital copy of your manuscript. Hard copy submissions are not accepted.
- Keep the format of your manuscript simple and clear. We will set your manuscript according to our style—do not try to “design” the document.
- The manuscript, including the title page, abstract and keywords, text, references, and figure legends should be typewritten, double-spaced in 12-point font with 1-inch margins all around and saved as one file.
- Each figure should be either saved as a separate file. Do not embed figures in the text flow.
- Keep abbreviations to a minimum and be sure to explain all of them the first time they are used in the text.
- The manuscripts should be written in consistent British or American English.
- The authors should use Système International (SI) measurements. For clarity, nonmetric equivalents may be included in parentheses following the SI measurements.
- Use generic names for drugs. You may cite proprietary names in parentheses along with the name and location of the manufacturer.
- Credit suppliers and manufacturers of equipment, drugs, and other brand-name material mentioned in the manuscript within parentheses, giving the company name and primary location.

MANUSCRIPT FORMAT *continued*

Title Page

- This journal adheres to a single-blinded peer-review policy. The title page should be included in the main document.
- The title page should list the article title and the corresponding author's full name, degree, title, department, affiliation, mailing address, e-mail address, and telephone and fax numbers. It should also list the full name, department, and affiliation of every co-author.

Abstract and Keywords

See the section Article Types for word limits.

The abstract should briefly outline the content of the article and any conclusions it may reach. The keywords should be words a reader would be likely to use in searching for the content of the article.

Summary Table

Original Articles should include an extra table with two parts: 1. 'What is known on this topic' and 2. 'What does this paper add?'. This should be two or three bullet points for each, with one or two short sentences for each bullet point. The objective of this is to provide the reader with a brief, quick and focused summary of your work in the perspective of other data as well as the clinical implications.

Visual Summary

You should accompany each Original article and Review submission by a **Visual Summary**. It should be submitted as a separate file with file name 'Visual Summary'. Please refer to the specific instructions under "Digital Artwork Preparation". Outstanding Visual Summaries may be selected to appear on the Cover of T&H.

Animal experiments

Document the species, strain, genetic background (amount of backcrossing when applicable), sex and number of each animal used. When possible, preclinical studies should include both sexes, and data should be presented distinctly for each sex to potentially identify sex differences. Pre-clinical studies proposing only one sex should be strongly justified from the scientific literature, preliminary data or other relevant considerations. The sex of animals used for tissue and cell should also be documented.

General

- Please clearly distinguish the hierarchy of headings within the manuscript by using capital letters, underline, italic, and bold styles as necessary.
- As needed, use italic, superscripts, subscripts, and boldface, but otherwise do not use multiple fonts and font sizes.
- Do not insert page or section breaks except where noted in the Author Instructions.
- Use hard returns (the Enter key) only at the end of a paragraph, not at the end of a line. Allow lines of text to break automatically in your word-processing software. Do not justify your text.
- Use only one space, not two, after periods.
- Create tables using the Table function in Microsoft Word and upload them as separate files.

Acknowledgments

The source of any financial support received and recognition of personal assistance for the work being published should be indicated at the end of the article, just before the Reference section, under the heading Acknowledgments.

Conflict of Interest

All authors (including corresponding and co-authors associated with the manuscript) must make a formal statement at the time of submission indicating any potential conflict of interest that might constitute an embarrassment to any of the authors if it were not to be declared and were to emerge after publication. Such conflicts might include, but are not limited to, shareholding in or receipt of a grant or consultancy fee from a company whose product features in the submitted manuscript or which manufactures a competing product. Should the article be accepted for publication, this information will be published with the paper. Types of conflicts include: Consulting, Royalties, Research Support, Institutional Support, Ownership, Stock/Options, Speakers Bureau, and Fellowship Support. Any commercial entity whose products are described, reviewed, evaluated, or compared in the manuscript, except for those disclosed in the Acknowledgments section, are potential conflicts.

This journal follows the guidelines of the [International Committee of Medical Journal Editors](#) and an [ICMJE disclosure of potential conflicts of interest \(COI\) form](#) must be submitted for each author at the time of manuscript submission. Forms must be submitted even if there is no conflict of interest. It is the responsibility of the corresponding author to ensure that all authors adhere to this policy prior to submission.

A conflict of interest statement must also be included in the manuscript after any "Acknowledgements" and "Funding" sections and should summarize all aspects of any conflicts of interest included on the ICMJE form. If there is no conflict of interest, authors must include 'Conflict of Interest: none declared'.

Please click <http://www.icmje.org/conflicts-of-interest> to download a Conflict of Interest form. The disclosure information is important in article processing. If the provided forms are incomplete or missing, it can cause delays in publishing of article.

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Please note that the information which will be displayed early online on PubMed and on the Thieme homepage (including title, abstract, keywords, authors, affiliations, etc...) will be that which has been entered in the designated fields at the time of submission. Please make sure that information entered in those fields is correct in your revised document. Should the information in the main document differ, changes can only be made at proof stage.

References

References should be the most recent and pertinent literature available. It is essential that they are complete and thoroughly checked. If the reference information is incomplete, good online sites to search for full details are the National Library of Medicine: www.nlm.nih.gov; Books in Print: www.booksinprint.com; PubMed: www.ncbi.nlm.nih.gov/PubMed/; or individual publisher Web sites.

- References must be listed in AMA style, using Index Medicus journal title abbreviations.
 - References follow the article text. Insert a page break between the end of text and the start of references.
 - References must be cited sequentially (NOT alphabetically) in the text using superscript numbers.
 - By way of exception to AMA style, do not italicize book titles or journal title abbreviations and do not put a period at the end of a reference.
 - List all author names, up to and including six names. For more than six authors, list the first three followed by et al.
 - References should be styled per the following examples:
1. Citing a journal article:
Newburger JW, Takahashi M, Burns JC, et al. The treatment of Kawasaki syndrome with intravenous gamma-globulin. *N Engl J Med* 1986;315:341–347
 2. Citing a chapter in a book:
Toma H. Takayasu's arteritis. In: Novick A, Scoble J, Hamilton G, eds. *Renal Vascular Disease*. Philadelphia: WB Saunders; 1995:47–62
 3. Citing a book:
Stryer L. *Biochemistry*. 2nd ed. San Francisco: WH Freeman; 1981:559–596
 4. Citing a thesis:
Stern I. Hemorrhagic Complications of Anticoagulant Therapy [Ph.D. dissertation]. Evanston, IL: Northwestern University; 1994
 5. Citing a government publication:
Food and Drug Administration. Jin Bu Huan Herbal Tablets. Rockville, MD: National Press Office; April 15, 1994. Talk Paper T94-22
 6. Citing an online article:
Rosenthal S, Chen R, Hadler S. The safety of acellular pertussis vaccine vs whole-cell pertussis vaccine [abstract]. *Arch Pediatr Adolesc Med* [serial online]. 1996;150:457–460. Available at: http://www.ama-assn.org/sci-pubs/journals/archive/ajdc/vol_150/no_5/abstract/htm. Accessed November 10, 1996
 7. Citing a symposium article:
Eisenberg J. Market forces and physician workforce reform: why they may not work. Paper presented at: Annual Meeting of the Association of American Medical Colleges; October 28, 1995; Washington, DC

Figure Captions

- Figures include photographs or radiographs, drawings, graphs, bar charts, flow charts, and pathways, but NOT lists or tables.
- Figures must be cited sequentially in the text. Number all figures (and corresponding figure captions) sequentially in the order they are cited in the text.
- Figure captions should be written after the reference list. Insert a page break between the end of references and the start of figure captions.
- Figure captions should include a description of the figure and/or each lettered part (A, B, etc.) and of any portions of the figure highlighted by arrows, arrowheads, asterisks, etc.
- For a figure borrowed or adapted from another publication (used with permission), add a credit line in parentheses at the end of each figure legend. This credit line should be a complete bibliographic listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example (Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. *Semin Neurol* 2000;20:357.)

Tables

- Data given in tables should be commented on but not repeated in the text. Be sure that lists or columns of related data are composed in a word-processing program like the rest of the text.
- Do not intersperse tables in the text. Tables should appear after the figure captions. Insert a page break between the end of the figure captions and the start of the tables.
- Tables must be double-spaced and numbered in the same sequence they are cited in the text. A short descriptive title should be provided for each table.
- If a table contains artwork, supply the artwork separately as a digital file.
- For tables borrowed or adapted from another publication (used with permission), add a credit line as the first footnote beneath each table. This credit line should be a complete bibliographical listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example, "Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. *Semin Neurol* 2000;20:357." ("Data from . . ." or "Adapted from . . ." may also be used, as appropriate.)
- Other footnotes for tables should be indicated in the table using superscript letters in alphabetical order.
- Any abbreviations used in the table should be explained at the end of the table in a footnote.

DIGITAL ARTWORK PREPARATION

General Guidelines

- It is best to use Adobe Photoshop to create and save images, and Adobe Illustrator for line art and labels.
- Only upload Figures in TIF, PNG or JPG Format.
- Save each figure in a separate file.
- Do not compress files.
 - All black-and-white and color artwork should be at a resolution of 300 dpi (dots per inch) in TIFF format. Line art should be 1,200 dpi in EPS or TIFF format. Contact the Production Editor at Thieme if you are unsure of the final size.
- It is preferable for figures to be cropped to their final size (approximately 3½ inches for a single column and up to 7 inches for a double column), or larger, and in the correct orientation. If art is submitted smaller and then has to be enlarged, its resolution (dpi) and clarity will decrease.
- Please add a white background to each Figure so that it displays correctly in the generated PDF proof.

Note: Lower resolutions (less than 300 dpi) and JPEG format (.jpg extension) for grayscale and color artwork are strongly discouraged due to the poor quality they yield in printing, which requires 300 dpi resolution for sharp, clear, detailed images. JPEG format, by definition, is a lower resolution (compressed) format designed for quick upload on computer screens.

Black-and-White Art

- Black-and-white artwork can be halftone (or grayscale) photographs, radiographs, drawings, line art, graphs, and flowcharts. Thieme will only accept digital artwork.
- If possible, do not send color art for conversion to black-and-white. Do the conversion yourself so that you can check the results and confirm in advance that no critical details are lost or obscured by the change to black-and-white.
- For best results, line art should be black on a white background. Lines and type should be clean and evenly dark. Avoid screens or cross-hatching, as they can darken or be uneven in printing and lead to unacceptable printing quality.

Color Art

- All color artwork should be saved in CMYK, not RGB.

Videos

- The following formats are acceptable: *.avi, *.mov and *.mpg.
- For supplementary videos, the length should not exceed 4 minutes, and a legend of no more than 40 words per video or per sequence is required (it should also be included in the main document).

If including a voice over, it must be in clear English. Be precise, informative, and clear in your speech. Re-record audio in post-production for sound quality.

Art Labels

- Arrows, asterisks, and arrowheads (or other markers) should be white in dark or black areas and black in light or white areas, and large in size. If not, these highlighting marks may become difficult to see when figures are reduced in size during the typesetting process.
- Use 1-point (or thicker) rules and leader lines.
- Capitalize the first word of each label and all proper nouns. Consider using all capitals if you need a higher level of labels.
- Where there are alternate terms or spellings for a named structure, use the most common one and make sure it is consistent with what is used in the text.
- Avoid using multiple fonts and font sizes for the labels; use only one or two sizes of a serif font.

Visual Summary

The Visual Summary should convey the main message of your manuscript in a clear and concise manner so that readers can grasp its contents and relevance at a glance. With the manuscript's title, it is what will capture the interest of your readers and draw them to read the whole paper.

It should:

- be one single panel image file.
- be distinct from any Figures within the manuscript.
- be self-explanatory and not contain long text.
- have a large enough font size.
- fit a 16:9 aspect ratio, at least 120mm wide, minimum resolution of 300dpi.
- be accompanied by a short legend.

Useful (free) resources for creating Visual Summaries:

Servier Medical Art smart.servier.com : free of charge and comprehensive resource for anatomy, biology, and medical illustrations.

Flaticon flaticon.com : useful database of free icons available in different formats.

Somersault 1824 somersault1824.com/science-illustrations : 'pay-what-you-can' professional scientific illustrations.

Public Health Image Library phil.cdc.gov : images from the Center for Disease Control and Prevention (CDC) in Atlanta, USA. Images are often in the public domain, credit is requested.

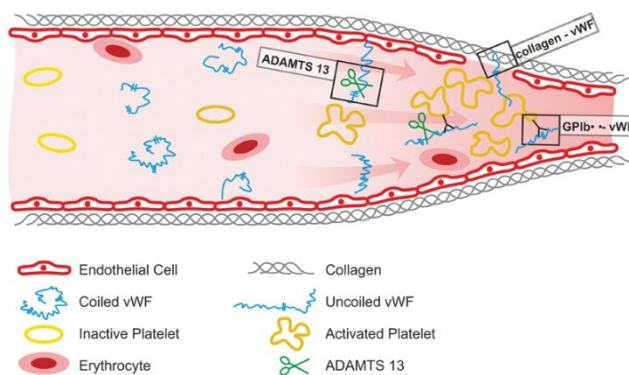
Wikimedia commons commons.wikimedia.org : can be in the public domain.

Scienceimage scienceimage.csiro.au: free images from the Commonwealth Scientific and Industrial Research Organisation (CSIRO) in Australia.

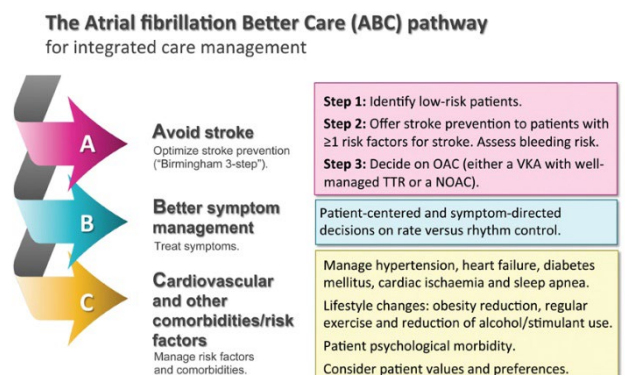
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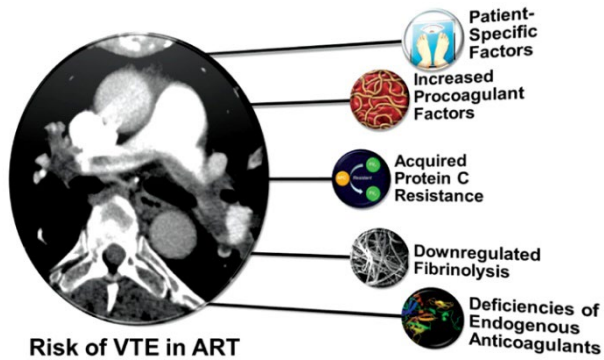


Example 1: Targeting von Willebrand Factor in Ischaemic Stroke: Focus on Clinical Evidence. N. Buchtele, M. Schwameis, J.C. Gilbert, C. Schörogenhofer, B. Jilma. 2018; 118(06): 959-978.

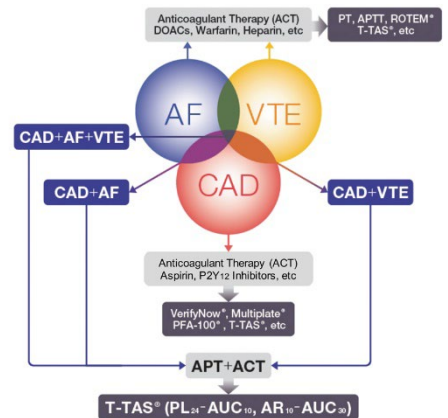


Example 2: Optimizing Stroke and Bleeding Risk Assessment in Patients with Atrial Fibrillation: A Balance of Evidence, Practicality and Precision. M. Proietti, N. Mujovic, T.S. Potpara. 2018; 118(12): 2014-2017

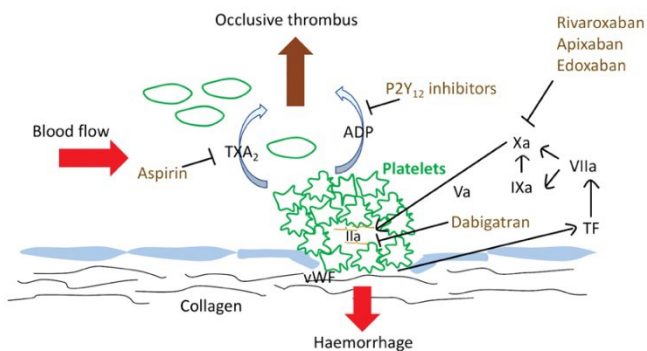
Examples of Visual Summaries in published articles contd.



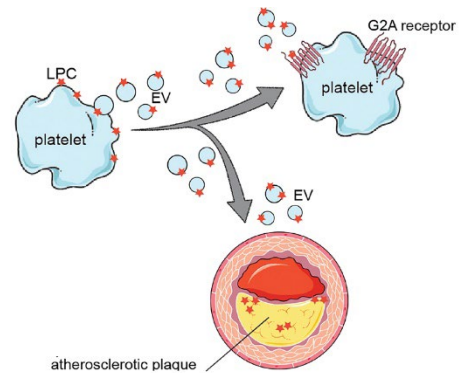
Example 3: Oh Heavy Burden: Recognizing the Risk of Venous Thromboembolism in Women Undergoing Assisted Reproduction. G. Piazza. 2018; 118(12): 2011-2013



Example 4: Total Thrombus-Formation Analysis System (T-TAS): Clinical Application of Quantitative Analysis of Thrombus Formation in Cardiovascular Disease. K. Kaikita, K. Hosokawa, J.R. Dahlen, K. Tsujita. 2019; 119(10): 1554-1562



Example 5: Dual Antiplatelet or Dual Antithrombotic Therapy for Secondary Prevention in High-Risk Patients with Stable Coronary Artery Disease? W. Sumaya, T. Geisler, S.D. Kristensen, R.F. Storey. 2019; 119(10): 1583-1589



Example 6: Lysophosphatidylcholine in Platelet Microvesicles: The Grease for Cardiovascular Disease. R.R. Koenen. 2019; 119(08): 1202-1204

SUBMISSION PROCEDURE

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Submission Procedure

- Consult the checklist on the first page of this document to ensure that you are ready to submit your manuscript.
- Please note: **There are no submission charges to submit your manuscript to this journal.**
- Manuscripts must be submitted electronically at the following link: <http://mc.manuscriptcentral.com/th>
- Each manuscript must be accompanied by a cover letter.
- Always review your manuscript before submitting it. You may stop a submission at any phase and save it to submit later. After submission, you will receive a confirmation email. You can also check the status of your manuscript by logging in to the submission system.
- All manuscript submissions will be processed via the online system. Decisions and correspondence from the Central Editorial Office, Editors-in-Chief (Basic Science/Clinical Studies) and Section Editors will be communicated via e-mail.
- **Referees:** To facilitate and hasten the review process, prospective authors are encouraged to suggest up to 4 suitable referees for the submitted work. Authors may also choose to name 4 referees, whom they would wish to exclude from the review process.

Preprint Server Statement

Thrombosis and Haemostasis encourages the submission of manuscripts that have been deposited in an initial draft version in preprint repositories such as Research Square, arXiv, and medRxiv. Drafts of short conference abstracts or degree theses posted on the website of the degree-granting institution, and draft manuscripts deposited on authors' or institutional websites are also welcome. All other prior publication is forbidden.

During submission, authors should (1) note use of the preprint repository in the cover letter, (2) state what adjustments and/or updates the draft has undergone between deposition and submission and (3) cite the preprint, including the DOI, as a reference in the manuscript.

After submission to the journal, and until a final decision has been made, authors are discouraged from depositing versions of their manuscript as preprints. Upon publication authors should add a link from the preprint to the published article. Twelve months after publication, authors can update the preprint with the accepted manuscript.

Revision Procedure

- Should the editors decide that your article requires a revision, you will need to make the changes via a word-processing program and resubmit it electronically.
- Log In to the submission system and find your article, which will be marked for revision.
- The best way to make revisions to your manuscript is by enabling the Track Changes mode in Microsoft Word, which will automatically highlight and mark up revised text. Please submit both a marked up copy and a clean copy of your revised manuscript to the submission system.

- Your original files will still be available after you upload your revised manuscript, so you should delete any redundant files before completing the submission.
- You will also be provided space in which to respond to the reviewers' and editors' comments. Please be as specific as possible in your response.

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Page proofs will be sent to you via email. The proofs will be in a PDF file format, which should be opened using Acrobat Reader software. You will receive further instructions with your proofs. Take this opportunity to check the typeset text for typographic and related errors. Elective alterations are difficult to accommodate owing to the associated time and expense of introducing them. Therefore, please be sure that when you submit your manuscript, it is accurate, complete, and final.

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POLICY STATEMENTS

Statement on Liability

The legislation on product liability makes increased demands on the duty of care to be exercised by authors of scientific research and medical publications. This applies in particular to papers and publications containing therapeutic directions or instructions and doses or dosage schedules. We therefore request you to examine with particular care, also in your own interest, the factual correctness of the contents of your manuscript once it has been copyedited and returned to you in the form of galley proofs. The responsibility for the correctness of data and statements made in the manuscript rests entirely with the author.

Definition of Authorship

Authorship credit should be based on criteria established by the [International Committee of Medical Journal Editors](#). Each author should have made the following contributions towards the completion of the manuscript:

1. Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data
2. Drafting the article or revising it critically for important intellectual content
3. Final approval of the version to be published

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For all manuscripts reporting data from studies involving human or animal participants, formal review and approval, or formal review and waiver (exemption), by an appropriate institutional review board (IRB) or ethics committee is required, as well as any necessary HIPAA consent, and should be described in the Methods section with the full name of the reviewing entity. All clinical trials must be registered in a public trials registry. Denote the registry and registry number.

Registration of Clinical Trials

All submissions which report on new clinical trials should provide evidence that the trial is registered with one of the ICMJE-approved databases [ClinicalTrials.gov]. The reporting of randomised clinical trials must conform to

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